

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000013526

1. Entity Name
CAPITAL ONE MORTGAGE SERVICES, INC.



Principal Place of Business
1802 W CLEVELAND STREET
TAMPA, FL 33606

Mailing Address
1802 W CLEVELAND STREET
TAMPA, FL 33606



05022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2257988

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARBAS, RANDY R
1802 WEST CLEVELAND ST.
TAMPA, FL 33306

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

U000000351637
05/04/08 80044 010 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARBAS, RANDY
STREET ADDRESS	1802 WEST CLEVELAND ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	ST
NAME	BARBAS, STEPHEN
STREET ADDRESS	1802 WEST CLEVELAND ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VP
NAME	HELL, THOMAS J
STREET ADDRESS	1802 WEST CLEVELAND ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VP
NAME	WATEROUS, FRED
STREET ADDRESS	1802 WEST CLEVELAND ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/08 813-254-6575
Date Daytime Phone #